

Medical Authors and Professional Writers

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THE MEDICAL author* is a reporter. In general he is an amateur in this field. Not all amateurs are inept, nor all professionals adept. On the average, though, the odds will be on the professional. When the physician assumes his temporary reportorial role it is because he wishes to communicate the results of his work or the sense of his thinking to his colleagues. Quite often he does this remarkably well. Not infrequently, however, his nonprofessional reporting does injustice to his professional work in the field of his competence. There is a remedy for this. Let's see if we can find it.

The reader of medical literature is struck by the inconsistent quality of the writing, some of it good or very good, but much of it bad or deplorable. Some journals maintain a consistently high literary standard. This must be at the cost of considerable editorial anguish and perhaps, occasionally, the rejection of a worthy piece of work because of unacceptable presentation. The remedy?

The principle of specialization has been productive in all fields. Shouldn't the reporting of research and clinical observation be a legitimate field for specialization? Let us separate the reportorial function; delegate it to a specialist in reporting and let the researcher continue with his own work. Make the medical reporter a member of the research team, as the anesthesiologist is a member of the surgical team. Let the writer's responsibility be the presentation of the researcher's results.

As we have acknowledged, the odds are on the professional. One who makes a profession of writing should write better than the amateur. Still, the exceptional amateur, as in many other fields, may equal or excel many of the professionals. In two groups, then, we might expect to find men well qualified to act as specialists in medical writing:

Group I: Professional Writers

Consider one group: The present professionals who write on science for the laity. These men must be especially adept in writing interestingly and un-

• Medical writing is a legitimate field for specialization. The specialist literary consultant should be part of the research team. He could smooth the way for both researcher and reader, and could increase the researcher's productivity and his audience.

derstandably on abstruse subjects. Some of them certainly should be capable of so writing for the scientific or technical reader under the direction of the working scientist. Many a medical man has been exasperated by so-called medical writing in the public press. This, however, usually concerns the scientific or ethical content, rather than the presentation thereof. One may disagree heartily with what the reporter writes, while admiring his skill in writing it. We are talking, now, though, of a situation in which the fundamentals are supplied by the researcher, and his final revision assures accuracy of thought and content. With such supervision the proper science writer could soon adjust to the calm, objective, nondramatic approach of the scientist addressing scientists. For that matter, perhaps a touch of drama would work for readability. The article lacking readability will lack readers and might better have been left unwritten.

Group II: Competent Amateur Writers

Here is another group which could furnish acceptable specialists in medical writing. Many physicians are intensely interested in and well qualified for medical writing. Some have even made it their life work, thus passing from amateur to professional status as writers.† The wide interest of medical men in this field is evidenced by the membership of the American Medical Writers' Association. This organization, founded in 1940, is "devoted to improvement of the written word of medicine." Most of its members are medical men; many of them could produce medical literature equaling or excelling that of most professional writers, in readability as well as in factuality. Some such men might be will-

*In this article the terms *medical author*, *physician*, *researcher*, *scientist*, *physician* and *clinician* are used indiscriminately to mean any physician or allied scientist who has something to communicate to his colleagues.

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†Richard M. Hewitt, A.M., M.D., teacher of English before his medical qualification, went directly from internship to the editorial department of the *Journal of the American Medical Association*, and was later, for years, in charge of the *Section of Publications of the Mayo Clinic*.

ing to devote a large part or all of their professional effort to this work. They should be unbeatable as consultants or specialists in medical literature.

What is being discussed here is not mere editing; neither is it ghost writing, which some persons might consider unethical. It calls for team effort, with cooperation between the researcher, the clinician and the writer, each a professional in his own field. There will always be researchers who prefer to do their own writing and are justifiably satisfied with their output. Even these men might benefit from the revisions of language, emphasis or arrangement which the professional writer could suggest. Every writer, professional or not, can usually profit from an independent reading and evaluation of his work before it is submitted for publication. Objec-

tivity and a varied approach are the important factors here. At times, also, the researcher who usually does his own writing might wish to delegate a greater portion of the reporting in order to gain more time for his own work.

The aim in every case would be for an article saying what the researcher wishes to say, in interesting, readable and understandable form. The literary consultant could secure for the researcher the widest circle of readers, bringing ease and pleasure to the medical worker and reader alike.

In utilization of technical writers, working engineers seem to be ahead of physicians. Many professions and many branches of science could profit from this example.

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